

Nutrition and WIC Update

Meet the KWIC Help Desk Staff

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If you are lucky, you have a corner grocery store in your neighborhood. The kind of store where the staff are friendly, know where everything is located, and will go out of their way to help you find the best pineapple for the pineapple upside-down cake you are making for Sunday dinner. You ARE lucky! Just like the staff at the corner grocery store, Danielle, Amber, and Holly are friendly, they know the KWIC system, and they will go out of their way to help you resolve a problem...they may even share a recipe for pineapple upside-down cake with you.



KWIC Help Desk Staff:
Holly, Amber, and
Danielle (left to right)

Danielle is the Help Desk Lead. She has been with Starling Systems for almost two years. Before moving to the Help Desk, Danielle worked on the New Hampshire and ITCA WIC automation projects. Danielle and her partner Steve share their home with daughter Katie, dog Morgan Mae, and cat Jackson James. When she's not chasing critters around, Danielle loves to garden, read and entertain. (Monday night football is a big event at Danielle's home too) Danielle's helpful hint for KWIC users is to always display inactive clients when searching for clients who may have been on WIC in the past.

Amber has also been with Starling for almost two years. You may know that Amber recently went home to Georgia to get married. Amber, husband Tommy and her 4-year-old son Sebastian love to travel and may take a drive to California this summer. Besides traveling, Amber's other hobbies include painting, playing online games and reading. Amber's helpful hint for KWIC users is to remember to transfer your clients separately and use Switch Groups to move them into the same family group.

Holly is the newest Starling staff member, and has worked on the Help Desk for three months. Holly's husband David is in the Army and they have a 6-year-old son and a 95-pound golden retriever. Holly and David recently bought a house so their hobby time is spent doing house maintenance. Holly says, "Don't be afraid to call the Help Desk...we are here to help you."

So, drop by the KWIC Help Desk sometime soon...and bring a piece of left-over cake!



Accurately Weighing and Measuring Older Children and Adults

Sandy Perkins, Maternal and Child Nutrition Consultant

This article reviews equipment and technique for measuring the stature and weight for children, adolescents and adults. Equipment and technique for measuring stature and weight of infants and young children was covered in the last newsletter. The information in this article is intended for the measurement of typically developing children. A third article, in the next issue, will provide information on the measurement techniques that can be used when children have special physical considerations.

MEASURING STATURE

A standing height is measured for children over age 24 months who can stand unassisted. Young children from 24 to 36 months may have either a recumbent length or a standing height measured. If length is measured, refer to the information in the May newsletter. Height should be measured using a movable headpiece that is perpendicular to either the vertical backboard of a Stadiometer or a metallic measuring tape that is attached to a flat wall. Cloth and plastic measuring tapes should not be used because they can stretch and the measurements will not be accurate. Length devices attached to scales are notably inaccurate because they do not have a stable platform and the measuring rod's hinge tends to become loose, causing inaccurate readings.

The client should be measured without shoes. The person is positioned on a bare, flat surface with heels close together, legs straight, arms at sides, and shoulders relaxed. Ask the client to inhale deeply and to stand fully erect without altering the position of the heels. Make sure that the heels do not rise off the floor. Slowly lower the perpendicular headpiece snugly to the crown of the head with sufficient pressure to compress the hair. Hair ornaments, buns, braids, etc. must be removed to obtain an accurate measurement. To ensure an accurate reading, the measurer's eyes should be parallel with the headpiece. The measure is read to the nearest 1/8 inch and recorded on the chart.

WEIGHING CHILDREN AND ADULTS

Either a beam balance or an electronic scale can be used to weigh children and adults. The scale should have a function so that it can be 'zeroed' and it is desirable that the scale weighs in 1/4 pound increments. The scale should sit on a firm, non-carpeted surface. Spring balance scales such as bathroom scales should not be used. These scales are not accurate over a variety of weights and the spring counter balance loses accuracy over time. Many spring balance scales cannot be read accurately to less than one-half pound.

The individual is weighed without shoes and wearing only lightweight clothing. The client stands on the center of the platform of the scale, with their feet slightly apart. Read the weight measurement to the nearest 1/4 pound.

What is the Next Step?

After graphing a set of measurements, check to see if they are consistent with those from previous visits (i.e., the child is on roughly the same percentile lines as before). If not, check the measurements, data entry into KWIC, or both.

Management Evaluation Findings: Is your agency making and receiving credit for referrals?

Mary Ann Gabel, WIC Program Consultant

Medical and Social Service referrals are a major function of WIC, many of which are required by federal regulations. Is your agency making and receiving credit in KWIC for all referrals the WIC staff members make? Because referrals are a major function of WIC, the Management Evaluation (ME) process includes reviewing the Referrals To and From Report, which is located and generated in Client Services “Reports” dropdown list. ME teams have found that agencies throughout the state are not receiving credit for client referrals that are observed during the clinic observation portion of the ME process.

In addition to the required Food Stamps, Medicaid, Child Support Enforcement and TAF referrals list in the Referrals tab of Client Services, WIC staff members have the opportunity to add and record other client referrals they have made, such as Immunizations, Family Planning, Kan Be Healthy, Car Seat Program, Medical Care Provider, etc.

The screen in the Referrals tab of Client Services is divided into three parts. The first part is a historical record of the referrals the client has received in previous certifications. The second part is the current record of client referrals. To add a referral to the required four that appear in the list, click on the “New Line” box that appears to the right side of this section. A new line will appear in the list, along with the current date. List the service name and indicate the referral by checking the circle that appears on the same line under the “Referred” heading. You are able to add up to eight additional referrals to the list.

WIC agencies, with clients located in any of the following counties, are strongly encouraged to refer to a Commodity Supplemental Food Program (CSFP) agency, any children who have turned 5 or non-breastfeeding, postpartum women up to 12 months past delivery. These CSFP counties include:

Butler,	Chautauqua	Cowley	Douglas	Harper	Harvey
Jackson	Jefferson	Johnson	Kingman	Leavenworth	Osage
Pottawatomie	Pratt	Reno	Riley	Sedgwick	Shawnee
Sumner	Wabaunsee	Wyandotte			

Remember to follow the same procedure of adding a new line and recording the name of any agency that refers a client to your WIC agency in the bottom section of the referrals tab.

For more information about Referrals, go to **POLICY: CRT: 08.02.00** in the Policy and Procedure Manual (PPM), which can be accessed at www.kdheks.gov/nws-wic/PPM_Table_of_Contents.htm

Idle Thoughts

- I planted some birdseed. A bird came up. Now I don't know what to feed it.
- I went to San Francisco. I found someone's heart. Now what?
- All I ask is a chance to prove that money can't make me happy.
- What is a “free” gift? Aren't all gifts free?
- Teach a child to be polite and courteous and, when he grows up, he'll never be able to merge his car onto a freeway.
- Two can live as cheaply as one, for half as long.
- What if there were no hypothetical questions?
- One nice thing about egotists: They don't talk about other people.
- The speed of time is one-second per second.
- Is it my imagination, or do buffalo wings taste like chicken?

HMMMMMMM ??????



Equipment Warranty Contact Numbers

Roger Lewis, KWIC Project Manager

Dell PC's & Laptops	1-800-981-3355
ST9325 Printers	1-800-922-8501
ST9216 Printers	1-800-343-4441

The number one question I am asked these days seems to be "Who do I call to get equipment warranty service?" The good news is that, no one is calling these numbers often enough to have them memorized.

We originally sent a list of the contact numbers to all of the clinics in July 2004. We have since followed up by adding them to the Policy and Procedure Manual section ADM 07.05.00. Of course, now you have to get to the Internet to access the PPM.

The goal is to have these numbers at the fingertips of anyone who suddenly needs them. In an effort to make these numbers more accessible, we have added them to the list of State Contacts found on the Nutrition and WIC Services Web site. Click the link found on the left-hand side of the page and print the listing. It includes the numbers listed above. Keep it handy for your future needs.

Local Agency News

Welcome to these new WIC employees:

Cherokee County, Valerie Garvin, Clerk
 Crawford County, Bridget Price, RN
 Douglas County, Laura Bender, Clerk
 Graham County, Barbara Eckols, Clerk
 Johnson County, Stephanie Friedly, Clerk
 Reno County, Rita Blackburn, Clerk
 Scott County, Rhonda Hudson, Clerk
 Sedgwick County, Becky Miller, RD
 Seward County, Liz Mann, Clerk
 Shawnee County, Aaron Campbell, Receptionist
 Trego County, Jill Shaw, RN
 Wichita County, Tammy Simons, RD

Crawford County, Karen Rion, RN
 Douglas County, Robin Jones, Clinic Assistant
 Ford County, Denise Koechner, RN
 Johnson County, Lacey Frey, Clerk
 Reno County, Diana JoLyn Geuy, BFPC
 Republic County, Debbie Sells, Clerk
 Sedgwick County, Jennifer Zuercher, RD
 Sedgwick County, Jennifer Fawcett, RN
 Seward County, Treasia Perales, RN
 Shawnee County, Susan Calderson, Clerk
 Washington County, Mary Sue Pifer, Clerk
 Wyandotte County, Diana Ahumada, Clerk

We say farewell to these WIC friends:

Crawford County, Marilyn McCracken, RN
 Douglas County, Lacey Crawl, Clerk
 Ford County, Twila Helfrich, RN
 Reno County, Jillian Miller, BFPC
 Scott County, Michelle Koehn, Clerk

Douglas County, Beranda Tatum, Clerk
 Douglas County, Jessica Grey, Clerk
 Johnson County, Patricia Garcia, Clerk
 Republic County, Julie Lindberg, Clerk
 Wyandotte, Jacqueline West, BFPC

Congratulations to Theresa Cassidy, Cherokee County, on the birth of her daughter Kinzey Jean on May 2.
 Congratulations to Sydnee Beydler, Graham County, on completing her RN training.

Management Evaluation Findings: Voter Registration Recording in KWIC

Mary Ann Gabel, WIC Program Consultant

The Kansas Secretary of State's Office requires that each WIC agency gather, record and store voter registration information. The hard copies, Voter Declination forms, are retained for a period of two years. The KWIC recording will continue until the next certification period, when it then becomes a part of the historical client record.



Because of this external requirement, the Management Evaluation (ME) process includes reviewing the Voter Registration recording for a random selection of clients, which includes each category of clients. This recording appears on the Basic Contact tab in Client Services.

State WIC staff have found that agencies throughout the state are not correctly recording the client's decision, or caregiver's decision, on whether to register to vote.

During clinic observation, ME reviewers have found that in some cases the client was not asked about voter registration. In these cases, WIC staff members simply made assumptions and recorded the staff members' decisions. In other cases, ME reviewers found when observing infants and/or children in clinic that rather than asking and recording the caregiver's response, WIC staff members automatically recorded "not eligible to vote" in a client's record simply because the client was too young and therefore, not eligible to vote.

When the WIC client is an infant or child, the correct and only response to record in KWIC is the caregiver's response.



Check This Out!

The famous women's culinary association, Les Dames d'Escoffier, in collaboration with the National Gardening Association, has launched Green Tables a national project that aims to create a healthier food supply through educational programs, scholarships and good old-fashioned cooking and gardening tips. Les Dames d'Escoffier's 26 chapters will initiate projects to help Americans better understand the link between rural and urban farms and their tables. The Hawaii chapter will release "The Farmers' Market Cookbook." this fall. Visit www.greentables.org for more information.

USDA has launched two new Web pages connect to the Eat Smart Play Hard campaign. One page, targeted to parents and another for children utilize new educational materials featuring Power Panther. Check out this new resource at: www.fns.usda.gov/eatsmartplayhardkids

Looking for new resources that celebrate health at every size? Then check out the Healthy Weight network at www.healthyweight.net. They have materials which can be downloaded and used for clinic counseling and nutrition education.

The federal Office of Disease Prevention and Health Promotion has developed the Quick Guide to Health Literacy for health professionals. The guide's fact sheets provide a basic overview of health literacy concepts and offer strategies for improving the usability of health information and health services. Go to www.health.gov/communication to view and download the guide.



Using Emotionally Based Messages in Nutrition Education

Pat Dunavan, Nutrition Services Coordinator

Ever see a car commercial? How about a commercial for your favorite fast food restaurant? If so, then you have seen the use of emotionally based messages. Advertising companies long ago found that appealing to one's emotions is a quick way to get people to remember and possibly buy your product. In essence, they are selling behavior change.

In nutrition education we also want to “sell” our product—good health and WIC services. Just as with other advertisers, we have to frame our messages to appeal to our client's senses and make them want to change a particular behavior.

A great deal of marketing research has been done which indicates that emotionally based messages will lead to behavior change, whether it is to purchase of a Happy Meal or eating more fruits and vegetables. Public health professionals don't often apply advertising and marketing research to develop nutrition messages. Consumers are bombarded with over 2,500 messages a day. Traditional messages, which provide facts, do not compete with the emotional, novel messages to which people respond.

Based on marketing and advertising research, deeply held emotional hot buttons dictate how people act or react. People buy products, listen and attend to messages and change behavior because they provide emotional satisfaction. Marketers associate their product with an emotional hook that links to one or more of these hot buttons. Emotional hot buttons are universal and are not associated with gender, age, race, ethnicity, income, geographic location or eating pattern. Extensive research has narrowed the number of universal hot buttons to about fifteen, including:

- The desire for control
- Family values
- Need for belonging
- Stimulation
- Time
- The desire to get the best that can be gotten
- The desire to be the best you can be
- The nurturing response
- A chance to start over with a clean slate
- To feel smart
- The ability to stay ageless and immortal

Parenting and living a healthy lifestyle are behaviors that are laden with powerful emotions that can be used to design effective messages. Although adding emotion to nutrition messages might be new, recent research indicates that lower-income mothers of young children greatly prefer emotional health messages to straightforward, factual messages. In focus groups with WIC participants, emotional messages were selected almost without exception over similar factual nutrition messages.

So, what might an emotional nutrition message be? In focus groups and surveys completed with WIC participants in Virginia and Massachusetts, more than 50 different emotionally based messages were tested. In the sample of the messages that follow, the emotionally based message was perceived as preferable, and one which participants felt would remind them to make behavior changes:

Emotional messages, continued

Factual Message	Emotional Message
Eat 3 meals and 2 snacks every day.	Love to Love your baby? Eat enough food to keep your baby healthy—3 meals and 2 snack every day.
Eat 5 fruits and vegetables each day.	Your baby is counting on you. Eat 5 fruits and vegetables a day.
Drink 8 cups of water each day.	It's energy in a glass. Drink 8 cups of water every day.
Do not drink alcohol, smoke or do drugs.	For the greatest love of all stay away from drugs, alcohol and smoking.
Walk a total of 30 minutes a day.	Feel good—feel in control. You will if you walk a half an hour every day.
Offer juice in a cup after your baby is six months old.	You're in charge of how your baby grows up. Start by offering juice in a cup after 6 months.

In each of the messages tested, the participants indicated that they felt empowered to make the suggested changes, not “dictated to.” Participants stated that standard messages often are boring and do not interest them. Emotionally based messages encouraged them to look for more information and change a given behavior more effectively. The research done in these and other studies encourage WIC staff to reframe their messages to better link with their client’s emotions. By redesigning our nutrition education materials and counseling messages, WIC staff may better meet the needs of their clients while improving the chances of seeing positive behavior change.

How to Encourage Families to Eat Fruits and Vegetables

Pat Dunavan, Nutrition Services Coordinator



How often have parents shared their concerns with WIC counselors about getting young children to eat fruits and vegetables? Many families feel that fruits and vegetables are too expensive, not accessible, or just won't be accepted by their children. However, recent research from the USDA Children's Nutrition Research Center, at Baylor University, seems to indicate that the availability of fruits and vegetables have more to do with acceptance than other factors.

The studies showed that those of lower socioeconomic status reported using more canned and frozen foods, and the presence of fresh fruits and vegetables in the home depended in part on the time of the month when money was available. The studies also found that if there were school age children in the home, they tended to positively influence their parent's purchasing in favor of fresh foods.

Availability and accessibility is key to increasing fruit and vegetable consumption. The researchers recommended the following strategies for counselors working with low-income families:

Nutrition and WIC Services

Kansas Department of Health and Environment

Nutrition and WIC Services

1000 SW Jackson, Suite 220

Topeka, Kansas 66612, 1274

Phone: 785-296-1320

Fax: 785-296-1326

264-19

WE'RE ON THE WEB!
WWW.KDHEKS.GOV/NWS-WIC

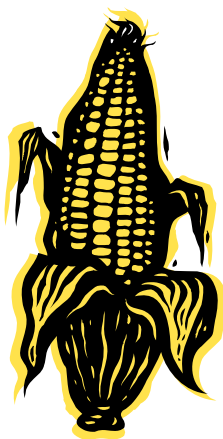
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Growing healthy Kansas families



Encouraging Fruits and Vegetables, continued



- ▶ Offer a taste test of simple fruit and vegetable recipes to children and parents.
 - ▶ Help families find grocery stores and farmer's markets that sell a variety of high quality fruits and vegetables. Many low-income neighborhoods have smaller stores with less variety.
 - ▶ Encourage parents to buy a variety of canned, frozen and fresh fruits and vegetables.
 - ▶ Educate families how to buy fresh produce in season.
 - ▶ Suggest establishing purchasing co-ops with families and friends for the best price (e.g., joining in to go to stores that sell fruits and vegetables by the case).
 - ▶ Teach parents to have fruits and vegetables accessible by making them easy to grab and eat—have small bags in the refrigerator in plain sight.
-
- ▶ Offer fruit in small bite sizes.
 - ▶ Cut vegetables into small pieces and serve with low-fat ranch dressing or peanut butter.
 - ▶ Set out a bowl of fruit.
 - ▶ Encourage parents to be a role model by eating fruits and vegetables.
 - ▶ Encourage families to talk about how fruits and vegetables grow during meals and snacks.